

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90121 050 ****50.00

DOCUMENT # L99000002236

1. Entity Name
MATTERS OF CONSEQUENCE, L.L.C.



Principal Place of Business
**12606 HENDERSON ROAD
TAMPA, FL 33625**

Mailing Address
**12606 HENDERSON ROAD
TAMPA, FL 33625**

DO NOT WRITE IN THIS SPACE



03072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3590439

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARNISKI, WALT
12606 HENDERSON ROAD
TAMPA, FL 33625**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KARNISKI, WALT
4331 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
OLDHAM, CHARLES
901 SW ATWATER RD
LAKE OSWEGO, OR 97034**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

Walt Karniski

3/7/07 817-264-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #